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County: Juneau FAIR VIEW HOME

1050 DIVISION STREET

MAUSTON Phone: (608) 847-6161 Ownershi p: Nonprofit Church-Related 53948 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 60 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 60 Average Daily Census: 59

Number of Residents on 12/31/00: 59

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year	47. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	39. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	1.7	Under 65	6.8	More Than 4 Years	13. 6
Day Services	No	Mental Illness (Org./Psy)	18.6	65 - 74	6.8		
Respite Care	No	Mental Illness (Other)	6.8	75 - 84	44. 1		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	32. 2	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	10. 2	Full-Time Equivalen	t
Congregate Meals	No	Cancer	3. 4			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1.7		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	10. 2	65 & 0ver	93. 2	 	
Transportation	No	Cerebrovascul ar	28. 8			RNs	21. 4
Referral Service	No	Di abetes	8. 5	Sex	%	LPNs	2. 8
Other Services	No	Respi ratory	5. 1			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	15. 3	Male	20. 3	Aides & Orderlies	47. 1
Mentally Ill	No			Female	79. 7		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes	ĺ			100. 0		

Method of Reimbursement

		Medi	care		Medi c	ai d											
		(Title 18) Per Diem		((Title 19)			Other I		P	Private Pay		I	Managed Care Per Diem Total			Percent Of All
				em	Per Diem		m	Per Dier		m Per Diem			1				
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	4	100.0	\$187.32	40	97. 6	\$111.50	0	0. 0	\$0.00	14	100.0	\$125.00	0	0.0	\$0.00	58	98. 3%
Intermediate				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				1	2. 4	\$164.41	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	1	1. 7%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	4	100.0		41	100. 0		0	0. 0		14	100. 0		0	0. 0		59	100.0%

FAIR VIEW HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	i ons, Servi ces, ar	nd Activities as of 12/	31/00
Deaths During Reporting Period							
				9	% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.4	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		59. 3	40. 7	59
Other Nursing Homes	11.6	Dressi ng	8. 5		67. 8	23. 7	59
Acute Care Hospitals	85. 5	Transferri ng	20. 3		55. 9	23. 7	59
Psych. HospMR/DD Facilities	0.0	Toilet Use	15. 3		50.8	33. 9	59
Rehabilitation Hospitals	0.0	Eati ng	39. 0		47. 5	13. 6	59
Other Locations	1.4	**************	******	*****	*******	*******	******
Total Number of Admissions	69	Conti nence		%	Special Treatmer	nts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.4	Receiving Resp	oiratory Care	15. 3
Private Home/No Home Health	20.6	0cc/Freq. Incontine	nt of Bladder	49. 2	Recei vi ng Trac	cheostomy Care	0. 0
Private Home/With Home Health	20.6	0cc/Freq. Incontine	nt of Bowel	39. 0	Recei vi ng Suct	i oni ng	0. 0
Other Nursing Homes	5. 9				Receiving Osto	omy Care	8. 5
Acute Care Hospitals	22. 1	Mobility			Recei vi ng Tube	e Feeding	3. 4
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	15. 3	Receiving Mech	nanically Altered Diets	32. 2
Rehabilitation Hospitals	0.0						
Other Locations	7.4	Skin Care			Other Resident (Characteri sti cs	
Deaths	23. 5	With Pressure Sores		1.7	Have Advance I)i recti ves	83. 1
Total Number of Discharges		With Rashes		8. 5	Medi cati ons		
(Including Deaths)	68				Receiving Psyc	choactive Drugs	62. 7
**********	*****	********	******	*****	********	- ************	******

 $Selected\ Statistics:\ This\ Hospital\ - Based\ Facility\ Compared\ to\ Similar\ Facilities\ \&\ Compared\ to\ All\ Facilities$

	Thi s	0ther	Hospi tal -	A	A11
	Facility	Based F	acilities	Faci	lties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98. 3	87. 5	1. 12	84. 5	1. 16
Current Residents from In-County	81. 4	83. 6	0. 97	77. 5	1. 05
Admissions from In-County, Still Residing	33. 3	14. 5	2. 30	21. 5	1.55
Admissions/Average Daily Census	116. 9	194. 5	0. 60	124. 3	0. 94
Discharges/Average Daily Census	115. 3	199. 6	0. 58	126. 1	0. 91
Discharges To Private Residence/Average Daily Census	47. 5	102. 6	0. 46	49. 9	0. 95
Residents Receiving Skilled Care	98. 3	91. 2	1. 08	83. 3	1. 18
Residents Aged 65 and Older	93. 2	91. 8	1. 02	87. 7	1. 06
Title 19 (Medicaid) Funded Residents	69. 5	66. 7	1. 04	69. 0	1. 01
Private Pay Funded Residents	23. 7	23. 3	1. 02	22. 6	1. 05
Developmentally Disabled Residents	1. 7	1.4	1. 24	7. 6	0. 22
Mentally Ill Residents	25. 4	30. 6	0. 83	33. 3	0. 76
General Medical Service Residents	15. 3	19. 2	0. 79	18. 4	0. 83
Impaired ADL (Mean)*	55. 6	51.6	1. 08	49. 4	1. 13
Psychological Problems	62. 7	52. 8	1. 19	50. 1	1. 25
Nursing Care Required (Mean)*	8. 7	7. 8	1. 12	7. 2	1. 21